STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047012	A. BUILDING: _____ B. WING _____	C 09/15/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS RETIREMENT CENTER	612 HEALTH DRIVE RAEFORD, NC 28376

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section and the Hoke County Department of Social Services conducted an annual survey and a complaint investigation on 09/11/17 - 09/15/17. The Hoke County Department of Social Services initiated the complaint investigation on 09/01/2017.	D 000		
D-056	10A NCAC 13F .0305(f)(4) Physical Environment 10A NCAC 13F .0305 Physical Environment (f) The requirements for storage rooms and closets are: (4) Housekeeping storage requirements are: (A) A housekeeping closet, with mop sink or mop floor receptor, shall be provided at the rate of one per 60 residents or portion thereof; and (B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use; This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure the maintenance cart was stored in a locked area resulting in hazardous chemicals and multiple tools being unattended and accessible to residents. The findings are: Observation of the hallway near the dayroom on the middle hallway on 09/12/17 at 10:11 a.m. revealed: -The middle hallway started at the nurses' station on the assisted living side and led to the double door entrance to the special care unit (SCU). -There was a two shelf maintenance cart parked in the hallway near the dayroom that was	D 056		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Judy Capps Clark — TITLE: Administrator — (X6) DATE: 11/09/2017.

REVIEWED Amended POC submitted on 12/1/17 & Accepted — [illegible] 12/4/17

Date Survey Completed: September 15, 2017 **AMENDED COPY**

Provider's Plan of Correction **12/01/2017**

Page 1 of 128

ID Prefix Tag D 056

10A NCAC 13F.0305 (f)(4) Physical Environment:

All locking areas on housekeeping and maintenance carts were checked to ensure properly locking storage for all chemicals and working tools were working properly. Two tool boxes were added to the cart for the maintenance man with locks. One will be for tools the other for any chemicals required to do his routine maintenance.

Staff members were trained on 11/10/2017 to include the regulations for environment. Also the requirements for the health department were included.

Staff will be trained on the regulations in section .0305 at time of hire and annually. Housekeeping Supervisor will be responsible for enforcing the regulations. Spot inspections will be completed to confirm compliance.

accepted FC

Complete Date: Training of current staff 11/15/2017

Page 3 of 128

ID Prefix Tag D 161

10A NCAC 13F.0504 (a) Competency Validation for LHPS Tasks:

As outlined during survey process, the LHPS check offs for staff are routine completed. The one worker found during survey was scheduled to be checked off on 9/20/2017. The posting for this meeting was attached to the staff bulletin board before survey. Please see the attendance sheets for LHPS Check offs since survey. Please note meetings are held only when staff need check offs completed. Also, the nurse was sick with flu for one week during November. The completed LHPS for the one employee is included in documents. The business

office director is responsible for identifying the employees who need to complete the LHPS Check offs. She has audited all the employees to ensure no other employee was missed. A complete listing to date of the audit is attached.

accepted

LHPS Competency Validations will be scheduled biweekly with RN Consultant. The business office personnel will be responsible for maintaining list and posting training for new PCA Staff. Business office manger will be responsible for reviewing monthly that the aides have received competency validation and will report the results of that review to the administrator.

Complete Date: 11/10/2017

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ID Prefix Tag D 228

10A NCAC 13F .0702 (d) Discharge of Residents

Discharges that are required to be immediate due to the condition or circumstance that endangers the health or safety of the resident being discharged or endangers the health and safety of individuals in the facility will be documented within the resident chart and will follow state law and regulation. Safety issues that are due to resident to resident aggression will follow the established policy of the facility. A meeting will be held with the family members, POA, and/or guardian to discuss the circumstances that are being exhibited that are a danger to resident or other individuals within the facility. If physical assault occurs and confirmed, immediate discharge may be required to protect the other residents within the facility. Reports documenting the incident will be sent to primary care physician. The facility will make the local department of social services or the MCO/LME aware of the immediate discharge within 24 hours of the immediate discharge decision. If the immediate discharge is not effectuated within 48 hours the facility will request a meeting of the resident discharge team as defined by G.S. 131D. If the discharge cannot be effectuated within 72 hours the facility will contact the physician to determine if the physician has an objection and supports the continuing isolating the resident from interaction with

other residents. This would be re-evaluated weekly by facility staff and the physician.

All other discharges will follow the requirements specified in the regulation to include the 30-day written notice. Depending on the reason for discharge, if necessary, a new FL-2 or other documentation stating the physician determination for a different level of care will be secured for the residents chart. Discharges due to change in level of care that are needed will be as soon as possible after the notification of the doctor for the change. All important documents required will be forwarded to the facility of resident or family choice.

Complete Date: 11/10/2017

Page 10 of 128

ID Prefix Tag D 234

10A NCAC 13 F. 0703 (a) Tuberculosis Test, Medical Exam and Immunizations

Audit of the medical charts was completed on November 8, 2017 to identify any required TB skin test. Audit was completed and arrangements made for the test or chest x-rays to be completed.

All admissions will have the required one TB testing completed prior to admission. This documentation will include the date of test, the person name administering and reading the test, the location of the injection, the expiration of the TB solution, the lot number of the solution and the final results to include size of area if applicable for a positive result. During the admission process the required TB documentation will be secured by the business office and submitted to the RRC or SCU-C for review prior to actual admission.

accepted

The second TB testing required for the completion of the Two-Step process will be completed sometime from two weeks after the first to before one year has passed the first testing. The above documentation will be completed for the second TB test. The Resident Care Coordinator or the SCU-Coordinator will be responsible for reviewing any required TB test and report to the administrator those results monthly for a period of one year.

Complete Date: 11/10/2017

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ID Prefix Tag D 358

10A NCAC 13F.1004 (a) Medication Administration

Diabetic training was held on September 21, 2017 with the current medication administration staff. The 15 hour medication training class was held for all exiting employees on October 3- 10, 2017. Each medication aide was required to complete the checklists and test included in the state approved training course.

Facility has changed pharmacy's effective 9/7/2017. With this change the medication records were audited and corrections made with the Electronic MAR system. All records of resident with diabetes were checked by the new pharmacist to ensure the staff would be documenting all required information when administering insulin. It was discovered during the switch that the insulin had been entered as a "treatment" not a "medication". This distinction triggers built in programing within the electronic MAR system. This correction was completed on 9/7/2017.

Another part of the services provided by the new pharmacist is the request and the securing of narcotic refills. The pharmacy will establish a relationship with the individual physician to allow the pharmacy to request refill authorization that can be submitted with e-script. The pharmacist prefers to handle the narcotic refills in this manner to prevent a paper script from being lost or stolen. This process was put into place on September 7, 2017. As the prescriptions have required refills the pharmacy has established the relationship with the prescribing doctor.

accepted

The pharmacy has since completed a cart review and an additional medication review at the facility. The pharmacy's RN consultant completes random checks of the carts approximately every two weeks to see if staff has documented any medications as not being within the carts. Problems areas are investigated to see what needs to be done to resolve issue.

The RCC and the SCU-C will be responsible for ensuring the medications are administered correctly.

Complete Date: 10/12/2017

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ID Prefix Tag D 366 & Tag ID D 378

10A NCAC 13F.1004 (i) Medication Administration

10A NCAC 13F.1006 (b) Medication Storage

During the 15-hour medication aide training held October 3-10, 2017, the proper procedures for storing medications was reviewed.

The RCC and the SCU-C will be responsible for ensuring the medications are stored correctly and randomly checks to make sure security measures for stored medications are being met.

Complete Date: 10/12/2017

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ID Prefix Tag D 438

10A NCAC 13F.1205 Health Care Personnel Registry

The administration of the facility will follow the guideline outlined in the Health Care Personnel Registry with regards to the 24 hours report and the 5-day investigation reporting. The Administrator or the Business office personnel will be responsible for completing these reports Any report of rough handling or any other potential abuse allegation by family member or any one else will be reported within 24 hours of receiving such report to the HCPR even if the initial investigation indicates that no abuse occurred. Such findings will be included in the 5 day report when completed and sent to the HCPR.

Complete Date: 11/10/2017

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ID Prefix Tag D 980

GS 131D-25 Implementation

Current training in the facility with the upper management team will be completed to include the entire minimum standards and the 3-L policy. Weekly and monthly checklist will be implemented to ensure the staff is completing their assigned tasks. Conferences with other certified administrators have already been held. Recommendations by area administrators will be discussed and implemented when possible to improve the delivery of services.

Complete Date: 11/15/2017

COMPLETE
IN-SERVICE TRAINING REPORT
WITH PERSONNEL ATTENDING

Facility: OARC Department: SIC + MED TECHS

Date: 09/19/17 Time: 2pm AM PM To: 3pm AM PM

Meeting area:

Number employees present: Number absent:

Summary of subject(s) covered: MANDATORY MEETING
Blood sugar, Sliding scale, Demerit Terms, narcotic count, being on time

Problems, comments, suggestions:

Conducted by: Signature Title

SIGNATURE OF PERSONNEL ATTENDING	TITLE	SIGNATURE OF PERSONNEL ATTENDING	TITLE
Shanaeka Taylor	SIC/MT		
Giavani McAllister	MT/Aide		
Heather Hunt	MT		
Frances McRae	DRS		
Dynett McCauchlin	MT		
Alice McRae	Sec		
[illegible]	SC/MT		
Janet Jones	CNA/MT		
[illegible] Willis	SIC/MT		
Mortica McCaskill	SIC		

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COMPLETE
IN-SERVICE TRAINING REPORT
WITH PERSONNEL ATTENDING

Facility: Open Arms Retirement Center Department: S/Cs + Med Techs

Date: 09/21/2017 Time: ______ AM/PM To: ______ AM/PM

Meeting area: Class #1 (12:30pm - 2:00pm) Class #2 (2:00pm - 3:30pm)

Number employees present: ______ Number absent: ______

Summary of subject(s) covered: Diabetes & Insulin Administration

Problems, comments, suggestions:

Conducted by: Signature Donna Price RN Title 9/21/2017

CLASS #1 SIGNATURE OF PERSONNEL ATTENDING	TITLE	CLASS #2 SIGNATURE OF PERSONNEL ATTENDING	TITLE
Holanda Douglas	SIC/MT	Frances McRae	DRS
Kaileenya Willis	SIC/MT	Kayla Steen	PCA
Shanadoes Taylor	SIC/MT	Janed Jones	CNA/MT
Chanika McLean	PCA	Alice McRae	[illegible]
Maticia McCaskill	SIC	[illegible]	SIC/MT
Lynett McLaughlin	MEDTECH		
Heather Hunt	MT		
[illegible] Douglas	PCA		
~~Janed Jones~~	CNA/M.T		
~~[illegible]~~	SIC/MT		

DIABETIC TRAINING

September 21st

(12:30-2:00pm)

- ✓Shanocko Taylor
- Ciavani McAllister
- ✓Morticia McCaskill
- ✓Holanda Douglas
- ✓Heather Hunt
- ✓Chanika McLean
- ✓Lynett McLauchlin

(2:00pm-3:30pm)

- ✓LaQuonya Willis
- Janice Thompson
- ✓Janet Jones
- ✓Kayla Steen
- ✓Jewmerico Douglas

Frances McRae
Alice McRae

This is MANDATORY

Make necessary arrangements to attend and punctual. No Children Allowed in this Training.

09/15/17

Diabetes and Insulin Administration

Learning Objectives:

- ☐ Describe classifications of diabetes
- ☐ Describe the purpose of anti-diabetic agents
- ☐ Discuss normal vs abnormal blood sugar levels
- ☐ Discuss symptoms of hyper and hypoglycemia
- ☐ Discuss types of oral anti-diabetic agents
- ☐ Discuss the different types of insulin
- ☐ Describe what to do for low/high blood sugar
- ☐ Demonstrate how to properly administer subcutaneous insulin including sites, rotation of sites, reading insulin syringe, and using insulin pens
- ☐ Discuss insulin based on a sliding scale
- ☐ Discuss proper diabetic foot care
- ☐ Learn procedure for properly cleaning all equipment used for obtaining blood sugar levels
- ☐ Learn infection control practices pertaining to collecting blood sugars and administering insulin

Content Outline and Time Schedule:

- ☐ Describe classifications of diabetes – 15 minutes
- ☐ Describe the purpose of anti-diabetic agents – 10 minutes
- ☐ Discuss normal vs abnormal blood sugar levels – 10 minutes
- ☐ Discuss symptoms of hyper and hypoglycemia – 15 minutes
- ☐ Discuss types of oral anti-diabetic agents – 10 minutes
- ☐ Discuss the different types of insulin – 20 minutes
- ☐ Describe what to do for low/high blood sugar – 15 minutes
- ☐ Demonstrate how to properly administer subcutaneous insulin including sites, rotation of sites, reading insulin syringe, and using insulin pens – 25 minutes
- ☐ Discuss insulin based on a sliding scale – 20 minutes
- ☐ Discuss proper diabetic foot care – 10 minutes
- ☐ Learn procedure for properly cleaning all equipment used for obtaining blood sugar levels – 20 minutes
- ☐ Learn infection control practices pertaining to collecting blood sugars and administering insulin – 10 minutes

COMPLETE
IN-SERVICE TRAINING REPORT
WITH PERSONNEL ATTENDING

Facility: Opera Arms Retirement Center Department: Nursing

Date: 9/14/2017 Time: ____ AM PM To: ____ AM PM

Meeting area: ____

Number employees present: ____ Number absent: ____

Summary of subject(s) covered: RESTRAINT TRAINING (Seatbelt refresher)

Problems, comments, suggestions: ____

Conducted by: Signature ____ Title ____

SIGNATURE OF PERSONNEL ATTENDING	TITLE	SIGNATURE OF PERSONNEL ATTENDING	TITLE
Please See attached list of attendees) - Thanks! Donna Rucker			

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R/03/96

Kayla Steen
Jenny Watson
Ella McLaurin
Melanie Morrison
Vicky Jones
Destiny Lockler
Eneccia Barnes
[illegible]
Mary Ann Lowery
Tatiana Bullock
Claire Mayer
Stephanie Graham
Natasha Locklear
Kendra McLean

COMPLETE
IN-SERVICE TRAINING REPORT
WITH PERSONNEL ATTENDING

Facility: OARC Department: All Nursing

Date: 09/20/17 Time: AM PM To: AM PM

Meeting area: Class #1 10AM-11AM Class #2 11AM-12pm Class #3 3pm-4pm
Class #4 9/21/2017 3:30pm-4:30pm

Number employees present: Number absent:

Summary of subject(s) covered: RESTRAINT TRAINING

Problems, comments, suggestions:

Conducted by: Signature Donna Price RN Title RN

SIGNATURE OF PERSONNEL ATTENDING	TITLE
Debbie Burke	PCA
Mertice McCashill	SIC
Precia James	PCA
Jacqueli Morgan	PCA
Alice McRae	SWC
Frances McRae	DRS
LaQuinne Ellis	SIC/MT
Heather Hunt	MT
Jared Jones	CNNS
Jutreana Bostic	PCA
Lynett McLaurin	PCA MED TECH
Martha Smith	PCA
Khadija McLean	PCA
Destany Lockett	PCA

(#3 cont)

SIGNATURE OF PERSONNEL ATTENDING	TITLE
Trayna Segura	PCA
Stephanie Graham	PCA
Vicky Jones	PCA
Melanie Morrison	PCA
Kayla Steam	PCA
Britany Knight	PCA
Clarene McNeill	PCA
Glenn Marie Davis	PCA
Holanda Douglas	SIC/MT
Angela Reese	PCA
Ella McLaurin	PCA

#3 Cont

SIGNATURE OF PERSONNEL ATTENDING	TITLE	SIGNATURE OF PERSONNEL ATTENDING	TITLE
Chanika McCloan	PCA		
Shanocka Tayla	SI C/MT		
Ciavani McAlister	SI/MT		
Jenny Watson-Brusso			
Maryann Lowery	PCA		
Dagatha D[illegible]			
Shanice McBryde	PCA		
[illegible]	SI/MT		
Rasheeda [illegible]	CNA I		

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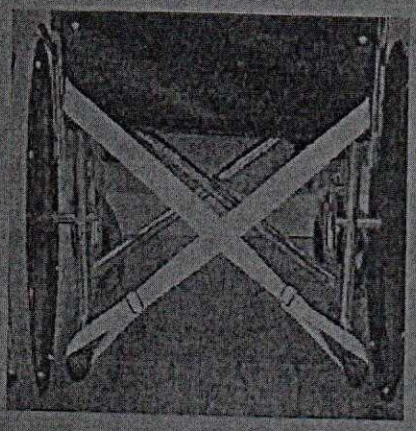
September 20th

Restraint Training for Everyone in the Nursing Department.

(Supervisors and Med Techs included)

You will have to attend one of these classes. If not you will come off the schedule.

Class #1	10:00am-11:00am
Class #2	11:00am-12:00pm
Class #3	3:00-4:00pm



09/15/17

SOFT BELT

Applicable Products: REF 4125C

APPLICATION INSTRUCTIONS

DESCRIPTION OF PRODUCT: A pelvic holder to prevent sliding. For chair use only.

Rx ONLY

POSEY SOFT BELT

REF 4125C Chair use only; 4½"W x 16½" (11 cm x 42 cm) belt pad w/6 foot (2 m) straps

INDICATIONS FOR USE:

- Patients assessed to be at risk of injury from a fall.
- Patients needing a positioning device for added safety while in a chair.
- Patients who have a tendency to slide down in a chair.

CONTRAINDICATIONS:

- **DO NOT** use on a patient who is or becomes highly aggressive, combative, agitated, or suicidal.
- **DO NOT** use on patients with: ostomy, colostomy, or G-tubes; hernias, severe Cardio Obstructive Pulmonary Disease (COPD); or with post-surgery tubes, incisions, catheters, or monitoring lines. These could be disrupted by a restraint.

ADVERSE REACTIONS

- Severe emotional, psychological, or physical problems may occur: if the applied device is uncomfortable; or if it severely limits movement. If symptoms of these problems ever appear for any reason, get help from a qualified medical authority and find a less restrictive, product or intervention.

APPLICATION INSTRUCTIONS:

WARNING Make sure patient wears proper undergarments to protect skin.

CAUTION Before use, check device for damage. Discard if you have any questions about patient safety.

1. Lay the device on the chair with the narrow side to the back of the chair.
2. Bring the ends of the connecting straps on the narrow end, down behind the chair, and secure out of the patient's reach (fig. 1).
3. Position the patient as far back in the seat as possible, with the buttocks against the back of the chair.
4. Bring the wide part of the pelvic holder up between the patient's legs.
5. Bring the ends of the connecting straps on the wide end, down between the seat and wheelchair sides at a 45-degree angle (fig. 2).
6. Criss-cross the straps and use quick-release ties to attach the straps to the opposite side kick spurs, out of the patient's reach (fig. 3).
7. If the chair has an adjustable seat, secure straps to a movable part of the chair frame, out of the patient's reach.
8. Check that the straps are secure and will not change position, loosen, or tighten if the patient pulls on them, or if the chair is tilted or adjusted.


FIG. 1

FIG. 2


FIG. 3

APPLICATION INSTRUCTIONS: (PLASTIC INCONTINENCE SHIELD):

1. Insert the pelvic straps through the shield starting at the widest part and pull the shield up until it rests on the foam pelvic piece.

WARNING

Heed these warnings to reduce the risk of serious injury or death:

- **Monitor skin conditions in the groin area frequently. If the patient slides down or forward, pelvic straps may damage the skin.**
- **There is a risk of chest compression or suffocation, if the patient's body weight is suspended off the chair seat. Use extreme caution with chair cushions. If a cushion dislodges, straps may loosen and allow the patient to slide off the seat (fig. 4).**
- **Monitor per facility policy to ensure that the patient cannot slide down, or fall off the chair seat and become suspended (fig. 4).**


FIG. 4

- **STOP USE AT ONCE: if the patient has a tendency to slide forward or down in the device; or is able to self-release.**

ADDITIONAL SAFETY AND LAUNDERING INSTRUCTIONS ON OTHER SIDE

Posey® | Posey Company • 5635 Peck Road, Arcadia, CA 91006-0020 USA • www.posey.com
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CE

I92100 040609

Safety Information for the use of Posey® Torso and Limb Restraining Products

Posey

⚠ WARNING: ALWAYS Monitor patients per facility policy. Improper application or use of any restraint may result in serious injury or death.

RX ONLY. NOT FOR HOME USE. Federal law (USA) restricts this device to sale by or on order of a physician. For use in a licensed healthcare facility only.

STAFF TRAINING: Staff must have on going training and be able to demonstrate competency to use this device in accord with: Posey instructions; your facility policies and state and federal regulations (Federal Register, Part IV, 42 CFR Part 482.13(e)(5) and (f)(6); Posey offers inservice training aids at no charge. Contact Posey online at www.posey.com or call toll-free at 1.800.447.6739.

SELECTING THE RIGHT POSEY PRODUCT: Refer to the Posey catalog to help select the right device to meet individual patients' needs.

BEFORE APPLYING ANY RESTRAINT:

- Make a complete assessment of the patient to ensure restraint use is appropriate.
- Identify the patient's symptoms and, if possible, remove the cause. You may need to: cater to individual needs and routines; increase rehabilitation and restorative nursing; modify the environment; or increase supervision.
- Use a restraint only when all other options have failed. Use the least restrictive device, for the shortest time, until you find a less restrictive alternative. Patients have the right to be free from restraint.
- Obtain informed consent from the patient or guardian prior to use. Explain the reason for restraint use to the patient and/or guardian to help ensure cooperation.
- A restraint must only be used in accord with the patient's Individualized Care Plan (ICP). The ICP is an assessment by an interdisciplinary team, which may include, but is not limited to: PT, OT, Nursing, the Physician, and Social Services. The ICP should include: restorative nursing; patient release; and pressure sore prevention.

NOTE: Just as patient behavior is not 100% predictable, no product is 100% foolproof. Patient safety requires regular reassessment and monitoring per facility policy. A product that worked in the past may be inappropriate if the patient's mental or physical health status changes. NEVER apply any product that you feel is unsafe. Consult with the proper medical authority if you have questions about patient safety.

⚠ ADDITIONAL WARNINGS:

1. **ALWAYS monitor patient per facility policy. Be aware that constant monitoring may be required for:**
   - Aggressive or agitated patients; and
   - Patients deemed at risk of aspirating their vomit. This includes patients in the supine position, or who are not able to sit up. If the patient vomits, he or she could aspirate the vomit and suffocate.
   - Be prepared to intervene at the first sign of danger. Such patients require frequent review and evaluation of their physical and psychological status.

HOW TO TIE THE POSEY QUICK-RELEASE TIE

1. Wrap the strap once around a movable part of the bed frame leaving at least an 8" (20 cm) tail. Fold the loose end in half to create a loop and cross it over the other end.
2. Insert the folded strap where the straps cross over each other, as if tying a shoelace. Pull on the loop to tighten.
3. Fold the loose end in half to create a second loop.
4. Insert the second loop into the first loop.
5. Pull on the loop to tighten. Test to make sure strap is secure and will not slide in any direction.
6. Repeat on other side. Practice quick-release ties to ensure the knot releases with one pull on the loose end of the strap.

2. **NEVER alter or repair this product. ALWAYS inspect before each use:** Check for broken stitches or parts; torn, cut or frayed material; or locks, buckles, or hook-and-loop fasteners that do not hold securely. DO NOT use soiled or damaged products. Doing so may result in serious injury or death. Dispose of damaged products per facility policy for BIOHAZARDOUS material.

3. **ALWAYS secure straps, to a movable part of the bed or chair frame, out of the patient's reach, using quick-release ties (see drawing below) or buckles.** These allow easy release in the event of an accident or fire. Test to make sure straps cannot tighten, loosen, or slip and create excess slack. If this occurs, the patient may slide off the chair or bed, increasing the risk of serious injury or suffocation. Restraint release is an important part of facility fire and disaster drills. Straps can be cut with scissors in an emergency.
4. **NEVER secure restraint strap to side rail.**

5. **NEVER use Posey products on toilets, or on any chair or furniture that does not allow proper application as directed in the Application Instructions. DO NOT use at home.**

6. **NEVER expose this product to open flame, fire, smoking materials, or high heat sources.** Some products may melt or ignite and burn. The facility smoking/no smoking policy should be strictly enforced.

7. **NEVER use a Posey product as a seat belt in a moving vehicle.** Posey products are not designed to withstand the force of a crash or sudden stop.

LAUNDERING INSTRUCTIONS (if applicable):

- Fasten all buckles and locks to reduce risk of damage during wash and dry cycles. DO NOT put buckles or locks through extractors. For maximum life, launder in a laundry bag.
- Before laundering, zip up and turn the product inside out to protect zipper.
- Hook-and-loop fasteners may collect lint after repeated use or laundering, reducing grip strength. Fasten the "hook" to the "loop" before laundering to help prevent lint buildup. As needed, use a stiff-bristle brush to remove lint from the "hook" side.
- These products, other than foam products, can be machine washed under CDC* guidelines for material soiled with blood or bodily fluid.

- For non-contaminated material, use lower temperature wash and dry cycles to extend product life.
- For foam products:

⚠ WARNING Test Zippers or hook-and-loop fasteners before each use. DISCARD device if it does not fasten securely.

STORAGE AND HANDLING:

- This device is designed for use in normal indoor environments.
- This device may be stored in ambient warehouse temperatures at normal humidity levels. Avoid excess moisture or high humidity that may damage product materials.

*www.cdc.gov

SIZING TABLE FOR POSEY PRODUCTS

ALWAYS use the proper size product. Products that are too small or large may compromise patient comfort and could result in severe injury or death.

BINDING COLOR	SIZE	WEIGHT lb. (kg.)	CHEST in. (cm)
White	X-Small	60-115 (27-52)	25-32 (64-81)
Red	Small	112-160 (51-73)	31-37 (79-94)
Green	Medium	135-203 (61-92)	35-40 (89-102)
Yellow	Large	160-225 (73-102)	38-44 (97-112)
Blue	X-Large	180-247 (82-112)	42-48 (107-122)
Black	XX-Large	220-275 (100-125)	46-55 (117-140)
Yellow/Black	XXX-Large	265-305 (120-138)	54-60 (137-152)
Blue/Black	XXXX-Large	295-340 (133-154)	58-64 (147-163)

• Posey Belts are not color-coded, but are sized according to this table. • Flame-retardant fabric is available on request. • Patient weight and size are a general indicator only. Consider individual physical characteristics to choose the right product for each patient. Refer to product label for specific sizing information.

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I9200B REV C 091516

LAP HUGGER

Applicable Products: REF 6506, 6515, 6515L, 6515M, 6515N, 6515SL, 6515T

APPLICATION INSTRUCTIONS

DESCRIPTION OF PRODUCT: Vinyl covered foam cushion for wheelchairs or similar non-wheelchair applications. **Rx ONLY**

POSEY LAP HUGGER

- REF 6506 Tabletop Hugger
- REF 6515T Lap Hugger
- REF 6515N Lap Hugger
- REF 6515 Lap Hugger
- REF 6515M Lap Hugger
- REF 6515SL Lap Hugger
- REF 6515L Lap Hugger

INDICATIONS FOR USE:

- Patients who have poor upper torso alignment and/or need a firm surface to rest their elbows on.
- Patients who require an anterior posture support.
- Patients who require a work area or eating area on their wheelchair or similar non-wheelchair applications.
- Product applications considered "self-release" or "assisted-release" must be specified by the ordering physician.

LATEX

CONTRAINDICATIONS:

- **DO NOT** use on a patient who is or becomes highly aggressive, combative, agitated, or suicidal.
- **STOP USE AT ONCE:** if the patient has a tendency to slide forward or down in the device; or is able to self-release.
  NOTE: A restraint with a pelvic piece will reduce the risk of sliding, or of the patient pulling the device over his or her head. See Posey Catalog.
- **DO NOT** use on a patient who is unwilling or unable to follow instructions, and is at risk of a fall or re-injury from self-release.

ADVERSE REACTIONS

- Severe emotional, psychological, or physical problems may occur: if the applied device is uncomfortable; or if it severely limits movement. If symptoms of these problems ever appear for any reason, get help from a qualified medical authority and find a less restrictive, product or intervention.

POSEY LAP HUGGER PRODUCT OFFERING

Cat. #	Arm Style	Fits Wheelchair	Thickness	Color
6506	Full	16-18" (41-46 cm)	4" (10 cm)	Blue w/Window
6515T	Full	16-20" (41-51 cm)	2" (5 cm)	Blue
6515N	Full	16-20" (41-51 cm)	3" (8 cm)	Blue
6515	Full	16-20" (41-51 cm)	4" (10 cm)	Blue
6515M	Full	16-20" (41-51 cm)	4" (10 cm)	Mauve
6515SL	Full	20-24" (51-61 cm)	3" (8 cm)	Blue
6515L	Full	20-22" (51-56 cm)	4" (10 cm)	Blue

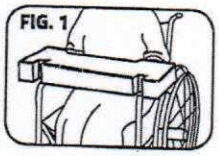
NOTE: This product is designed for use on full-length arm wheelchairs.

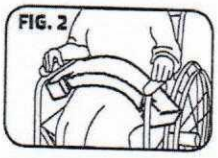
APPLICATION INSTRUCTIONS:

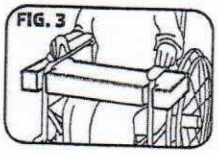
1. Position the patient in the wheelchair or chair.
2. Holding the Hugger horizontally with the squared notches facing toward you, place the Hugger flat on top of the armrests (fig. 1).
3. Compress each side of the Hugger, squeezing it under each armrest until the Hugger lies flat on the patient's/resident's lap (fig. 2).
4. Pull the Hugger forward until it is secure and the notches rest firmly in place against the wheelchair frame (fig. 3).

Model #6506 Table Top Hugger With Window only:

5. To access the window area of model 6506, unzip the vinyl cover.







WARNING **This device should ALWAYS be snug, but not interfere with breathing or circulation. After application, slide an open hand (flat) between the device and patient to ensure proper fit. ALWAYS monitor a patient to make sure the patient is not able to slide down, under the device, and fall off the chair seat (fig. 4). If a patient's body weight becomes suspended off the chair, chest compression and suffocation could result. Restraints with a pelvic piece may be necessary to reduce sliding down.**

FIG. 4

ADDITIONAL SAFETY AND LAUNDERING INSTRUCTIONS ON OTHER SIDE

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EC REP MDSS GmbH Schiffgraben 41 D-30175 Hannover, Germany

I9252 REV B 120809

Posey® Safety Information for the Use of Posey Wheelchair/Gerichair Lap Products

⚠ WARNING: ALWAYS Monitor patients per facility policy.

Improper application or use of any restraint may result in serious injury or death.

RX ONLY. NOT FOR HOME USE. Federal law (USA) restricts this device to sale by or on order of a physician. For use in a licensed healthcare facility only.

STAFF TRAINING: Staff must have on going training and be able to demonstrate competency to use this device in accord with: Posey instructions; your facility policies and state and federal regulations (Federal Register, Part IV, 42 CFR Part 482.13(e)(5) and (f)(6); Posey offers inservice training aids at no charge. Contact Posey online at www.posey.com or call toll-free at 1.800.447.6739 (press 5).

SELECTING THE RIGHT POSEY PRODUCT: Refer to the Posey catalog to help select the right device to meet individual patients' needs.

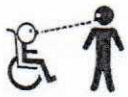
BEFORE APPLYING ANY RESTRAINT:

- Make a complete assessment of the patient to ensure restraint use is appropriate.
- Identify the patient's symptoms and, if possible, remove the cause. You may need to: cater to individual needs and routines; increase rehabilitation and restorative nursing; modify the environment; or increase supervision.
- Use a restraint only when all other options have failed. Use the least restrictive device, for the shortest time, until you find a less restrictive alternative. Patients have the right to be free from restraint.
- Obtain informed consent from the patient or guardian prior to use. Explain the reason for restraint use to the patient and/or guardian to help ensure cooperation.
- A restraint must only be used in accord with the patient's Individualized Care Plan (ICP). The ICP is an assessment by an interdisciplinary team, which may include, but is not limited to: PT, OT, Nursing, the Physician, and Social Services. The ICP should include: restorative nursing; patient release; and pressure sore prevention.

NOTE: Just as patient behavior is not 100% predictable, no product is 100% foolproof. Patient safety requires regular reassessment and monitoring per facility policy. A product that worked in the past may be inappropriate if the patient's mental or physical health status changes. NEVER apply any product that you feel is unsafe. Consult with the proper medical authority if you have questions about patient safety.

⚠ ADDITIONAL WARNINGS:

1. **ALWAYS monitor patient per facility policy. Be aware that constant monitoring may be required for:**



   - Aggressive or agitated patients; and
   - Patients deemed at risk of aspirating their vomit. This includes patients who are not able to sit up. If the patient vomits, he or she could aspirate the vomit and suffocate.
   - Be prepared to intervene at the first sign of danger. Such patients require frequent review and evaluation of their physical and psychological status.

2. **This device should ALWAYS be snug, but not interfere with breathing or circulation. After application, slide an open hand (flat) between the device and patient to ensure proper fit. ALWAYS monitor a patient to make sure the patient is not able to slide down, under the device, and fall off the chair seat. If a patient's body weight becomes suspended off the chair, chest compression and suffocation could result. Restraints with a pelvic piece may be necessary to reduce sliding down.**

3. **NEVER alter or repair this product. ALWAYS Inspect before each use:** Check for broken stitches or parts; torn, cut or frayed material; or locks, buckles, or hook and loop fasteners that do not hold securely. DO NOT use soiled or damaged products. Doing so may result in serious injury or death. Dispose of damaged products per facility policy for BIOHAZARDOUS material.

4. **NEVER use Posey products on toilets, or on any chair or furniture that does not allow proper application as directed in the Application Instructions. DO NOT use at home.**

5. **NEVER expose this product to open flame, fire, smoking materials, or high heat sources.** Some products may melt or ignite and burn. The facility smoking/no smoking policy should be strictly enforced.

6. **NEVER use a Posey product as a seat belt in a moving vehicle. Posey products are not designed to withstand the force of a crash or sudden stop.**

CLEANING INSTRUCTIONS:

Vinyl Products:

- Wipe Clean with mild detergent. OSHA approved intermediate level disinfectants can be used per manufacturer instructions. DO NOT use phenol and benzyl based disinfectants.

- After cleaning, products MUST be rinsed with water to remove any residual chemicals.
- Make sure products are completely dry before use.

⚠WARNING

Test Zippers and hook and loop fasteners before each use. DISCARD device if it does not fasten securely.

STORAGE AND HANDLING:

- This device is designed for use in normal indoor environments.
- This device may be stored in ambient warehouse temperatures at normal humidity levels. Avoid excess moisture or high humidity that may damage product materials.

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CE

19200C REV B 092412

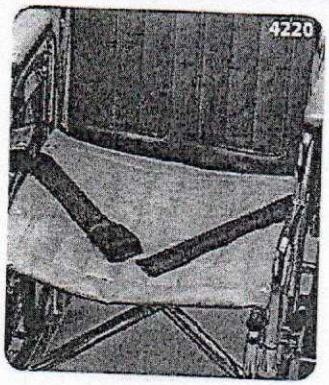
Posey® SELF-RELEASING CHAIR BELT

Applicable Products: REF 4220

APPLICATION INSTRUCTIONS

DESCRIPTION OF PRODUCT: Self-Releasing Chair Belt. For wheelchair use only.

Rx ONLY



POSEY SELF-RELEASING CHAIR BELT

REF 4220 Self-Releasing Easy-Apply Belt, Rear Removable Buckle

INDICATIONS FOR USE:

- Patients needing a reminder to call for assistance before exiting a chair, and are able to follow instructions.
- Patients needing a positioning device for added safety while in a chair.

CAUTION This product is designed for self-release. If the patient is not able to easily self-release, it is considered a restraint and must be prescribed by a physician.

CONTRAINDICATIONS:

- **DO NOT** use on a patient who is or becomes highly aggressive, combative, agitated, or suicidal.
- **DO NOT** use on patients with: ostomy, colostomy, or G-tubes; hernias, severe Cardio Obstructive Pulmonary Disease (COPD); or with post-surgery tubes, incisions or monitoring lines. These could be disrupted by a restraint.
- **DO NOT** use on a patient who is unwilling or unable to follow instructions, and is at risk of a fall or re-injury from self-release.

ADVERSE REACTIONS

- Severe emotional, psychological, or physical problems may occur: if the applied device is uncomfortable; or if it severely limits movement. If symptoms of these problems ever appear for any reason, get help from a qualified medical authority and find a less restrictive, product or intervention.

APPLICATION INSTRUCTIONS (Repeat steps 1-5 on both sides):

CAUTION Before use, check device for damage. Discard if you have any questions about patient safety.

1. Remove the end of the nylon strap from the plastic slide buckle on the connecting strap.
2. Lay the lap belt across the chair seat.
3. Bring the ends of the connecting straps down at a 45-degree angle between the seat and wheelchair sides (fig. 1). Pull it through to the rear of the wheelchair and wrap the strap around the vertical bar located behind and under the seat (fig. 2).

FIG. 1

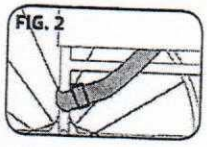


FIG. 2

4. Thread the strap back through the slide buckle and remove any slack (fig. 3).
5. Check that the straps are secure and will not change position, loosen, or tighten if the patient pulls on them, or if the chair is tilted or adjusted. Make sure the slide buckle faces the inside of the wheelchair to keep the buckle out of the wheel spokes (fig. 4).

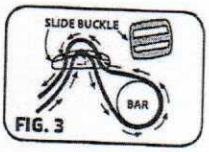


FIG. 3

6. Position the patient as far back in the seat as possible, with the buttocks against the back of the chair.
7. Connect the airline buckle so the belt is across the patient's lower lap. The belt must be snug, but not interfere with breathing. To check for proper fit, slide an open hand (flat) between the belt and the patient.

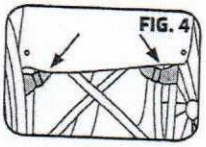


FIG. 4

WARNING

Heed these warnings to reduce the risk of serious injury or death:

- **There is a risk of chest compression or suffocation, if the patient's body weight is suspended off the chair seat. Use extreme caution with chair cushions. If a cushion dislodges, straps may loosen and allow the patient to slide off the seat (fig. 5).**
- **Monitor per facility policy to ensure that the patient cannot slide down, or fall off the chair seat and become suspended (fig. 5).**


FIG. 5

- **STOP USE AT ONCE: if the patient is at risk to slide forward or down in the device.**

  NOTE: A restraint with a pelvic piece will help to reduce the risk of sliding. See Posey Catalog.

- **Before leaving the patient unattended, explain the purpose for the belt. Make sure the patient understands:**
  - **the need to call for assistance before exiting the chair; and**
  - **how to self-release in an emergency.**

ADDITIONAL SAFETY AND LAUNDERING INSTRUCTIONS ON OTHER SIDE

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I9265 040609

Safety Information for the use of Posey® Torso and Limb Restraining Products

Posey®

⚠ WARNING: ALWAYS Monitor patients per facility policy. Improper application or use of any restraint may result in serious injury or death.

RX ONLY. NOT FOR HOME USE. Federal law (USA) restricts this device to sale by or on order of a physician. For use in a licensed healthcare facility only.

STAFF TRAINING: Staff must have on going training and be able to demonstrate competency to use this device in accord with: Posey instructions; your facility policies and state and federal regulations (Federal Register, Part IV, 42 CFR Part 482.13(e)(5) and (f)(6); Posey offers inservice training aids at no charge. Contact Posey online at www.posey.com or call toll-free at 1.800.447.6739.

SELECTING THE RIGHT POSEY PRODUCT: Refer to the Posey catalog to help select the right device to meet individual patients' needs.

BEFORE APPLYING ANY RESTRAINT:

- Make a complete assessment of the patient to ensure restraint use is appropriate.
- Identify the patient's symptoms and, if possible, remove the cause. You may need to: cater to individual needs and routines; increase rehabilitation and restorative nursing; modify the environment; or increase supervision.
- Use a restraint only when all other options have failed. Use the least restrictive device, for the shortest time, until you find a less restrictive alternative. Patients have the right to be free from restraint.
- Obtain informed consent from the patient or guardian prior to use. Explain the reason for restraint use to the patient and/or guardian to help ensure cooperation.
- A restraint must only be used in accord with the patient's Individualized Care Plan (ICP). The ICP is an assessment by an interdisciplinary team, which may include, but is not limited to: PT, OT, Nursing, the Physician, and Social Services. The ICP should include: restorative nursing; patient release; and pressure sore prevention.

NOTE: Just as patient behavior is not 100% predictable, no product is 100% foolproof. Patient safety requires regular reassessment and monitoring per facility policy. A product that worked in the past may be inappropriate if the patient's mental or physical health status changes. NEVER apply any product that you feel is unsafe. Consult with the proper medical authority if you have questions about patient safety.

⚠ ADDITIONAL WARNINGS:

1. **ALWAYS monitor patient per facility policy. Be aware that constant monitoring may be required for:**

- Aggressive or agitated patients; and
- Patients deemed at risk of aspirating their vomit. This includes patients in the supine position, or who are not able to sit up. If the patient vomits, he or she could aspirate the vomit and suffocate.
- Be prepared to intervene at the first sign of danger. Such patients require frequent review and evaluation of their physical and psychological status.

HOW TO TIE THE POSEY QUICK-RELEASE TIE

1. Wrap the strap once around a movable part of the bed frame leaving at least an 8" (20 cm) tail. Fold the loose end in half to create a loop and cross it over the other end.
2. Insert the folded strap where the straps cross over each other, as if tying a shoelace. Pull on the loop to tighten.
3. Fold the loose end in half to create a second loop.
4. Insert the second loop into the first loop.
5. Pull on the loop to tighten. Test to make sure strap is secure and will not slide in any direction.
6. Repeat on other side. Practice quick-release ties to ensure the knot releases with one pull on the loose end of the strap.

2. **NEVER alter or repair this product. ALWAYS inspect before each use:** Check for broken stitches or parts; torn, cut or frayed material; or locks, buckles, or hook-and-loop fasteners that do not hold securely. DO NOT use soiled or damaged products. Doing so may result in serious injury or death. Dispose of damaged products per facility policy for BIOHAZARDOUS material.

3. **ALWAYS secure straps, to a movable part of the bed or chair frame, out of the patient's reach, using quick-release ties (see drawing below) or buckles.** These allow easy release in the event of an accident or fire. Test to make sure straps cannot tighten, loosen, or slip and create excess slack. If this occurs, the patient may slide off the chair or bed, increasing the risk of serious injury or suffocation. Restraint release is an important part of facility fire and disaster drills. Straps can be cut with scissors in an emergency.
4. **NEVER secure restraint strap to side rail.**

5. **NEVER use Posey products on toilets, or on any chair or furniture that does not allow proper application as directed in the Application Instructions. DO NOT use at home.**

6. **NEVER expose this product to open flame, fire, smoking materials, or high heat sources.** Some products may melt or ignite and burn. The facility smoking/no smoking policy should be strictly enforced.

7. **NEVER use a Posey product as a seat belt in a moving vehicle.** Posey products are not designed to withstand the force of a crash or sudden stop.

LAUNDERING INSTRUCTIONS (if applicable):

- Fasten all buckles and locks to reduce risk of damage during wash and dry cycles. DO NOT put buckles or locks through extractors. For maximum life, launder in a laundry bag.
- Before laundering, zip up and turn the product inside out to protect zipper.
- Hook-and-loop fasteners may collect lint after repeated use or laundering, reducing grip strength. Fasten the "hook" to the "loop" before laundering to help prevent lint buildup. As needed, use a stiff-bristle brush to remove lint from the "hook" side.
- These products, other than foam products, can be machine washed under CDC* guidelines for material soiled with blood or bodily fluid.

- For non-contaminated material, use lower temperature wash and dry cycles to extend product life.
- For foam products:

⚠ WARNING **Test Zippers or hook-and-loop fasteners before each use. DISCARD device if it does not fasten securely.**

STORAGE AND HANDLING:

- This device is designed for use in normal indoor environments.
- This device may be stored in ambient warehouse temperatures at normal humidity levels. Avoid excess moisture or high humidity that may damage product materials.

*www.cdc.gov

SIZING TABLE FOR POSEY PRODUCTS

ALWAYS use the proper size product. Products that are too small or large may compromise patient comfort and could result in severe injury or death.

BINDING COLOR	SIZE	WEIGHT lb. (kg.)	CHEST in. (cm)
White	X-Small	60-115 (27-52)	25-32 (64-81)
Red	Small	112-160 (51-73)	31-37 (79-94)
Green	Medium	135-203 (61-92)	35-40 (89-102)
Yellow	Large	160-225 (73-102)	38-44 (97-112)
Blue	X-Large	180-247 (82-112)	42-48 (107-122)
Black	XX-Large	220-275 (100-125)	46-55 (117-140)
Yellow/Black	XXX-Large	265-305 (120-138)	54-60 (137-152)
Blue/Black	XXXX-Large	295-340 (133-154)	58-64 (147-163)

• Posey Belts are not color-coded, but are sized according to this table. • Flame-retardant fabric is available on request. • Patient weight and size are a general indicator only. Consider individual physical characteristics to choose the right product for each patient. Refer to product label for specific sizing information.

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I9200B REV C 091516

SOFT BELT

Applicable Products: REF 4125, 4125L, 4125Q

APPLICATION INSTRUCTIONS

DESCRIPTION OF PRODUCT: Foam padded belt with cotton straps. For chair or hospital bed use.

Rx ONLY

POSEY SOFT BELT

REF 4125	Bed & chair; 4½"W x 16½" (11 cm x 42 cm) belt pad w/6 foot (2 m) straps
REF 4125Q	Bed & chair; 4½"W x 16½" (11 cm x 42 cm) belt pad, 6 foot (2 m) straps w/quick-release buckles
REF 4125L	Bed & chair; 4½"W x 30" (11 cm x 76 cm) belt pad w/8 foot (2 2/5 m) straps

INDICATIONS FOR USE:

- Patients assessed to be at risk of injury from a fall.
- Patients requiring a positioning device to assist medical treatment.
- Patients who need a supplemental restraint (5th point) of the thighs, pelvis, or chest, and who are already restrained at all four extremities.

CONTRAINDICATIONS:

- DO NOT use on a patient who is or becomes highly aggressive, combative, agitated, or suicidal, except as a 5th point restraint (see below).
- DO NOT use on patients with: ostomy, colostomy, or G-tubes; hernias, severe Cardio Obstructive Pulmonary Disease (COPD); or with post-surgery tubes, incisions or monitoring lines. These could be disrupted by a restraint.
- NEVER use a 5th point restraint on a patient:
  - With a pelvic fracture, supra-pubic catheter, ostomy; percutaneously placed feeding tube or recent incision.
  - With a history of cardiac or pulmonary disorders, or thoracic fractures.
  - To restrain head or neck.

ADVERSE REACTIONS

- Severe emotional, psychological, or physical problems may occur: if the applied device is uncomfortable; or if it severely limits movement. If symptoms of these problems ever appear for any reason, get help from a qualified medical authority and find a less restrictive, product or intervention.

APPLICATION INSTRUCTIONS:

WARNING Make sure patient wears proper undergarments to protect skin.

CAUTION Before use, check device for damage. Discard if you have any questions about patient safety.

APPLICATION INSTRUCTIONS: CHAIR

1. Position the patient as far back in the seat as possible, with the buttocks against the back of the chair.
2. Lay the lap belt across the patient's thighs with the foam facing in.
3. Bring the ends of the connecting straps down at a 45-degree angle between the seat and the wheelchair sides (fig. 1). Criss-cross the straps behind the chair and draw them around the opposite side kick spurs.
4. Secure each connecting strap, out of the patient's reach, using a quick-release tie or buckle (figs. 2A and 2B). Check that the straps are secure and will not change position, loosen, or tighten if the patient pulls on them, or if the chair is adjusted.
5. The belt must be snug, but not interfere with breathing. To check for proper fit, slide an open hand (flat) between the belt and the patient.

FIG. 1


FIG. 2A


FIG. 2B

APPLICATION INSTRUCTIONS: HOSPITAL BED

1. Bring the belt around the patient's waist with the foam pad facing in.
2. Criss-cross the straps behind the patient, and feed each strap through the positioning loops on the ends of the blue foam pad. The belt must be snug, but not interfere with breathing. To check for proper fit, slide an open hand (flat) between the belt and the patient.
3. Secure each connecting strap around a movable part of the bed frame, at waist level, using a quick-release tie or buckle. Check that the straps are secure and will not change position, loosen, or tighten if the patient pulls on them, or if the bed is adjusted.

APPLICATION INSTRUCTIONS: 5TH POINT RESTRAINT

1. Bring the belt around the patient's waist, chest, or legs with the foam pad facing in. The belt must be snug, but not interfere with breathing. To check for proper fit, slide an open hand (flat) between the belt and the patient.
2. Secure each connecting strap around a movable part of the bed frame, using quick-release ties or buckles. Check that the straps are secure and will not change position, loosen, or tighten if the patient pulls on them, or if the bed is adjusted.

NOTE: When using over the chest, the straps should go under the arms and attach at chest level, to a movable part of the bed frame. This will prevent the patient from sliding down and becoming entangled.

WARNING

Heed these warnings to reduce the risk of serious injury or death:

BED SAFETY

- ALWAYS use Hospital Bed Safety Workgroup (HBSW) (http://www.fda.gov/cdrh/beds/modguide.html) compliant side rails in the UP position and fill ALL gaps to reduce the risk of entrapment.

- Use side rail covers and gap protectors to help prevent the patient's body from going under, around, through or between the side rails. A failure to do so may result in serious injury or death if a patient becomes suspended or entrapped. Posey offers a full range of side rail pads and/or gap protectors to cover gaps.
- There is a risk of chest compression or suffocation if the patient's body weight is suspended off the mattress or chair seat. Use extreme caution with chair cushions. If a cushion dislodges, straps may loosen and allow the patient to slide off the seat (figs. 3, 4, and 5).
- Monitor per facility policy to ensure that the patient cannot slide down, or fall off the chair seat or mattress and become suspended or entrapped (figs. 3, 4, and 5).


FIG. 3

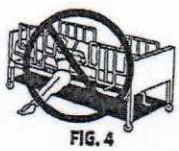
FIG. 4

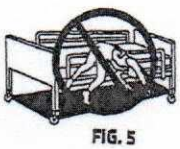
FIG. 5

- STOP USE AT ONCE: if the patient has a tendency to slide forward or down in the device; or is able to self-release.
  NOTE: A restraint with a pelvic piece will reduce the risk of sliding, or of the patient pulling the device over his or her head. See Posey Catalog.
- NEVER leave a patient requiring a 5th point restraint alone. One-on-one supervision is required in case of an emergency.

ADDITIONAL SAFETY AND LAUNDERING INSTRUCTIONS ON OTHER SIDE

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EC REP MDSS GmbH Schiffgraben 41 D-30175 Hannover, Germany

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19205 040609

Safety Information for the use of Posey® Torso and Limb Restraining Products

Posey

⚠ WARNING: ALWAYS Monitor patients per facility policy.

Improper application or use of any restraint may result in serious injury or death.

RX ONLY. NOT FOR HOME USE. Federal law (USA) restricts this device to sale by or on order of a physician. For use in a licensed healthcare facility only.

STAFF TRAINING: Staff must have on going training and be able to demonstrate competency to use this device in accord with: Posey instructions; your facility policies and state and federal regulations (Federal Register, Part IV, 42 CFR Part 482.13(e)(5) and (f)(6); Posey offers inservice training aids at no charge. Contact Posey online at www.posey.com or call toll-free at 1.800.447.6739.

SELECTING THE RIGHT POSEY PRODUCT: Refer to the Posey catalog to help select the right device to meet individual patients' needs.

BEFORE APPLYING ANY RESTRAINT:

- Make a complete assessment of the patient to ensure restraint use is appropriate.
- Identify the patient's symptoms and, if possible, remove the cause. You may need to: cater to individual needs and routines; increase rehabilitation and restorative nursing; modify the environment; or increase supervision.
- Use a restraint only when all other options have failed. Use the least restrictive device, for the shortest time, until you find a less restrictive alternative. Patients have the right to be free from restraint.
- Obtain informed consent from the patient or guardian prior to use. Explain the reason for restraint use to the patient and/or guardian to help ensure cooperation.
- A restraint must only be used in accord with the patient's Individualized Care Plan (ICP). The ICP is an assessment by an interdisciplinary team, which may include, but is not limited to: PT, OT, Nursing, the Physician, and Social Services. The ICP should include: restorative nursing; patient release; and pressure sore prevention.

NOTE: Just as patient behavior is not 100% predictable, no product is 100% foolproof. Patient safety requires regular reassessment and monitoring per facility policy. A product that worked in the past may be inappropriate if the patient's mental or physical health status changes. NEVER apply any product that you feel is unsafe. Consult with the proper medical authority if you have questions about patient safety.

⚠ ADDITIONAL WARNINGS:

1. **ALWAYS monitor patient per facility policy. Be aware that constant monitoring may be required for:**
   - Aggressive or agitated patients; and
   - Patients deemed at risk of aspirating their vomit. This includes patients in the supine position, or who are not able to sit up. If the patient vomits, he or she could aspirate the vomit and suffocate.
   - Be prepared to intervene at the first sign of danger. Such patients require frequent review and evaluation of their physical and psychological status.

HOW TO TIE THE POSEY QUICK-RELEASE TIE

1. Wrap the strap once around a movable part of the bed frame leaving at least an 8" (20 cm) tail. Fold the loose end in half to create a loop and cross it over the other end.
2. Insert the folded strap where the straps cross over each other, as if tying a shoelace. Pull on the loop to tighten.
3. Fold the loose end in half to create a second loop.
4. Insert the second loop into the first loop.
5. Pull on the loop to tighten. Test to make sure strap is secure and will not slide in any direction.
6. Repeat on other side. Practice quick-release ties to ensure the knot releases with one pull on the loose end of the strap.

2. **NEVER alter or repair this product. ALWAYS Inspect before each use:** Check for broken stitches or parts; torn, cut or frayed material; or locks, buckles, or hook-and-loop fasteners that do not hold securely. DO NOT use soiled or damaged products. Doing so may result in serious injury or death. Dispose of damaged products per facility policy for BIOHAZARDOUS material.

3. **ALWAYS secure straps, to a movable part of the bed or chair frame, out of the patient's reach, using quick-release ties (see drawing below) or buckles.** These allow easy release in the event of an accident or fire. Test to make sure straps cannot tighten, loosen, or slip and create excess slack. If this occurs, the patient may slide off the chair or bed, increasing the risk of serious injury or suffocation. Restraint release is an important part of facility fire and disaster drills. Straps can be cut with scissors in an emergency.
4. **NEVER secure restraint strap to side rail.**

5. **NEVER use Posey products on toilets, or on any chair or furniture that does not allow proper application as directed in the Application Instructions. DO NOT use at home.**

6. **NEVER expose this product to open flame, fire, smoking materials, or high heat sources.** Some products may melt or ignite and burn. The facility smoking/no smoking policy should be strictly enforced.

7. **NEVER use a Posey product as a seat belt in a moving vehicle.** Posey products are not designed to withstand the force of a crash or sudden stop.

LAUNDERING INSTRUCTIONS (if applicable):

- Fasten all buckles and locks to reduce risk of damage during wash and dry cycles. DO NOT put buckles or locks through extractors. For maximum life, launder in a laundry bag.
- Before laundering, zip up and turn the product inside out to protect zipper.
- Hook-and-loop fasteners may collect lint after repeated use or laundering, reducing grip strength. Fasten the "hook" to the "loop" before laundering to help prevent lint buildup. As needed, use a stiff-bristle brush to remove lint from the "hook" side.
- These products, other than foam products, can be machine washed under CDC* guidelines for material soiled with blood or bodily fluid.

- For non-contaminated material, use lower temperature wash and dry cycles to extend product life.
- For foam products:

⚠ WARNING **Test Zippers or hook-and-loop fasteners before each use. DISCARD device if it does not fasten securely.**

STORAGE AND HANDLING:

- This device is designed for use in normal indoor environments.
- This device may be stored in ambient warehouse temperatures at normal humidity levels. Avoid excess moisture or high humidity that may damage product materials.

*www.cdc.gov

SIZING TABLE FOR POSEY PRODUCTS

ALWAYS use the proper size product. Products that are too small or large may compromise patient comfort and could result in severe injury or death.

BINDING COLOR	SIZE	WEIGHT lb. (kg.)	CHEST in. (cm)
White	X-Small	60-115 (27-52)	25-32 (64-81)
Red	Small	112-169 (51-77)	31-37 (79-94)
Green	Medium	135-203 (61-92)	35-40 (89-102)
Yellow	Large	160-225 (73-102)	38-44 (97-112)
Blue	X-Large	180-247 (82-112)	42-48 (107-122)
Black	XX-Large	220-275 (100-125)	46-55 (117-140)
Yellow/Black	XXX-Large	265-305 (120-138)	54-60 (137-152)
Blue/Black	XXXX-Large	295-348 (133-154)	58-64 (147-163)

• Posey Belts are not color-coded, but are sized according to this table. • Flame-retardant fabric is available on request. • Patient weight and size are a general indicator only. Consider individual physical characteristics to choose the right product for each patient. Refer to product label for specific sizing information.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047012	A. BUILDING: _____ B. WING _____	C 09/15/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS RETIREMENT CENTER	612 HEALTH DRIVE RAEFORD, NC 28376

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section and the Hoke County Department of Social Services conducted an annual survey and a complaint investigation on 09/11/17 - 09/15/17. The Hoke County Department of Social Services initiated the complaint investigation on 09/01/2017.	D 000		
D-056	10A NCAC 13F .0305(f)(4) Physical Environment 10A NCAC 13F .0305 Physical Environment (f) The requirements for storage rooms and closets are: (4) Housekeeping storage requirements are: (A) A housekeeping closet, with mop sink or mop floor receptor, shall be provided at the rate of one per 60 residents or portion thereof; and (B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use; This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure the maintenance cart was stored in a locked area resulting in hazardous chemicals and multiple tools being unattended and accessible to residents. The findings are: Observation of the hallway near the dayroom on the middle hallway on 09/12/17 at 10:11 a.m. revealed: -The middle hallway started at the nurses' station on the assisted living side and led to the double door entrance to the special care unit (SCU). -There was a two shelf maintenance cart parked in the hallway near the dayroom that was	D 056		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE
Judy Gepps Clerk — Administrator — 11/09/2017.

11-29-17 TELEPHONE CALL to Facility's Administrator & discussed Plan of Correction submitted by the facility. The POC for all rules areas except .0901 Personal Care & Supervision, were ~~DOS~~ NOT ~~Excepted~~ Accepted & Administrator to resubmit Plan of Correction by 11-29-17 - Jessica Cox RN 11-29-17